

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 504

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Minnesota Democratic Farmer Labor Party

<b>A.</b> Full Name (Last, First, Middle Initial) Lawrence Perlman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 4427 E Lake Harriet Pkwy		<b>Transaction ID:</b> 61207.C359848
City State Zip Code Minneapolis MN 55409	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	Memo <b>[MEMO ITEM]</b> AKV Memo	
Name of Employer Ceridian Corporation	Occupation Chairman & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Linda Perlman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 4427 E Lake Harriet Pkwy		<b>Transaction ID:</b> 61206.C359808
City State Zip Code Minneapolis MN 55419-4746	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C	Memo <b>[MEMO ITEM]</b> AKV Memo	
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mark Perrin		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1712 Mount Curve Ave		<b>Transaction ID:</b> 61207.C359822
City State Zip Code Minneapolis MN 55403	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Memo <b>[MEMO ITEM]</b> AKV Memo	
Name of Employer Orphan Medical	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....